

Maricopa County

Flexible Spending Account

Direct Deposit Authorization



Employee: _____

Soc. Sec. Num.: _____

Address: _____

City-State-Zip: _____

Work Phone No.: (____) _____ - _____ ext. _____

I wish to receive my flexible spending account reimbursements by Direct Deposit. I hereby authorize Application Software Inc. (ASI) to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated below and to credit the same to such account. If necessary, ASI may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until ASI has received written notification from me of its termination in such time as to afford ASI and my bank a reasonable opportunity to act on it.

Your bank's name: _____

Bank's Routing #: _____

Your Account #: _____

Type of account: _____Checking _____Savings

Signature _____ Date _____

Is this a change to a current authorization? (Circle one) Yes No

Direct Deposit Account Verification

Please attach a void check, a copy of a check, or a deposit slip in this area so that we may verify your routing and account numbers. Mail to:

ASI
P. O. Box 6044
Columbia MO 65205-6044

If you have any questions, call 1-800-659-3035 or e-mail asi@asiflex.com.